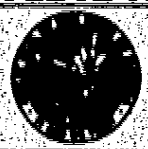


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 19 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N19193 (4)**

**1. Corporation Name  
COUNTRY CLUB VILLAGE II OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.**

**Principal Place of Business Mailing Address**  
6900-29 DANIELS PKW #137 FT MYERS FL 33912 US  
6900-29 DANIELS PKW SUITE 137 FT MYERS 33 33912 US

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified** 02/11/1987 **3a. Date of Last Report** 04/12/1994

**4. FEI Number** 59-2803361 **Applied For** Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**7. Nonprofit with IRS 501(c)(3) Tax Exempt Status**  **\$68.75 Supplemental Fee Not Required**

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business 2a. Mailing Address**

**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

**22** City & State **27** City & State

**23** Zip Country **28** Zip Country

**24** **25** **29** **30**

**9. Name and Address of Current Registered Agent**  
STRICKLIN, EDEL CAM  
6900-29 DANIELS PARKWAY, SUITE 137  
FT MYERS FL 33912

**10. Name and Address of New Registered Agent**  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **85** Zip Code **FL**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ **Signature, typed or printed name of registered agent and title if applicable** (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** RODABAUGH, MARY JANE  
**STREET ADDRESS** 7 CHESTNUT HILL  
**CITY-ST-ZIP** OXFORD OH 45056

**TITLE** SD  
**NAME** BREHAN, ROBERT E  
**STREET ADDRESS** 13080-310 CROSS CREEK CT  
**CITY-ST-ZIP** FT MYERS FL

**TITLE** TD  
**NAME** CORRIE, JOAN M  
**STREET ADDRESS** 13080-304 CROSS CREEK CT  
**CITY-ST-ZIP** FT MYERS FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**  Change  Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE**  Change  Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE**  Change  Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE**  Change  Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE**  Change  Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE**  Change  Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Joan M. Corrie* **Joan M. Corrie** **813-768-3864**  
\_\_\_\_\_  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**